

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County GilaState Arizona

Township _____

or Village Rice

City _____

No. San Carlos Hospital St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Etna Hosay

{ If child is not yet named, make supplemental report, as directed }

3. Sex

FIf plural
births {

4. Twin, triplet, or other _____

6. Premature Yes

7. Legiti-

mate? Yes8. Date of 4-17-30

birth

(Month, day, year)

9. Full
nameFATHER
Felix Hosay18. Full
maiden
nameMOTHER
Virginia Wallace

10. Residence (usual place of abode)

(If nonresident, give place and State) Superior, Ariz

19. Residence (usual place of abode)

(If nonresident, give place and State) Superior, Ariz

11. Color or race

4/4 Apache12. Age at last birthday 42 (Years)

20. Color or race

4/4 Apache21. Age at last birthday 32 (Years)13. Birthplace (city or place) Rice, Arizona

(State or country)

22. Birthplace (city or place) Calvin, Arizona

(State or country)

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.16. Date (month and year) last
engaged in this work

19

17. Total time (years)
spent in this work

OCCUPATION

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year)
last engaged in this work26. Total time (years)
spent in this work

19

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn 028. If stillborn,
period of gestation{ months
or weeks }

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. m. on the date above stated
(Born alive or stillborn){ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. }Given name added from
a supplemental report

(Date of)

588-417-565

Registrar.

(Signed)

_____, M.D.

or

Midwife

Address

Rice, Arizona

Filed

5/11930

Registrar.